MEDI-CAL UPDATE

Billing and Policy
Medical Transportation Bulletin 337   **November 2003**

Contents

Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update *may not always contain a "Billing and Policy" section.*

Benefits Identification Card: Psychiatric Drugs Exclusion

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs <u>do not</u> require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl	Fluphenazine Decanoate	Paroxetine HCl
Amitriptyline HCl	Fluphenazine HCl	Perphenazine
Aripiprazole	Fluvoxamine Maleate	Phenelzine
Benztropine Mesylate	Gabapentin	Pimozide
Biperiden HCl	Haloperidol	Quetiapine Fumarate
Bupropion HCl	Haloperidol Decanoate	Risperidone
Buspirone HCl	Haloperidol Lactate	Rivastigmine Tartrate
Carbamazepine	Hydroxyzine HCl	Sertraline HCl
Chlorpromazine HCl	Imipramine HCl	Thioridazine HCl
Citalopram Hydrobromide	Isocarboxazid	Thiothixene
Clomipramine HCl	Lamotrigine	Topiramate
Clonidine HCl	Lithium Carbonate	Tranylcypromine
Clozapine	Lithium Citrate	Trazodone HCl
Desipramine HCl	Loxapine Succinate	Trifluoperazine HCl
Diphenhydramine HCl	Mesoridazine Besylate	Trihexyphenidyl HCl
Divalproex Sodium	Mirtazapine	Valproate Sodium
Donepezil HCl	Molindone HCl	Valproic Acid
Doxepin HCl	Nefazodone HCl	Venlafaxine HCl
Escitalopram Oxalate	Olanzapine	Ziprasidone HCl
Fluoxetine HCl	Oxcarbazepine	

The Department of Health Services (DHS) Medical Review Branch continues to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there <u>is</u> a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 *Medi-Cal Update* in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, "For claims payment, current BIC ID number and date of issue required." Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, "Current BIC ID number and issue date required for payment," the claim will be denied.

Benefits *(continued)*

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient's Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number and issue date of the card must be placed on all claims, as follows:

- **Paper Claims:** Enter the BIC ID number in the *Insured's ID Number* field (Box 1A). Enter the issue date in the *Reserved For Local Use* field (Box 19) of the claim. Identify the issue date in the "mmddyy" format.

- **CALPOS Pharmacy Claims:** Enter the BIC ID number in the *Recipient ID* field. The issue date must be placed in the *Issue Date* field per the current *Medi-Cal Point of Service Network Interface Specifications* for CALPOS pharmacy claims.

- **Computer Media Claims (CMC):** Enter the BIC ID number in the *Recipient ID* field. The BIC issue date must be placed in the *Remarks* area. Left-justify and enter the words "BIC ISSUE DATE" and identify the issue date in the "mmddyy" format.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, **www.medi-cal.ca.gov**, call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.

Use of Modifiers: Billing Reminder

Up to four two-character modifiers may be entered in the modifier field, Box 24D of the *HCFA 1500*. All modifiers must be entered immediately after the procedure code. Information that overflows into other fields (especially additional modifier fields) will cause the claim to suspend and a *Resubmission Turnaround Document* (RTD) will be issued.

Specific modifiers identified in the billing instructions should be entered in the first modifier field.

When providers bill multiple modifiers for a service not specified in the Medi-Cal billing instructions as needing multiple modifiers, providers must follow existing Medi-Cal policy and enter the specific modifier in the first modifier field. If the billing instructions require a service to be billed with a specified modifier, that modifier must be entered in the first field.

Medi-Cal Field Office: Address Change

Effective September 22, 2003, the San Francisco Medi-Cal Field Office address has changed, as follows:

San Francisco Medi-Cal Field Office (SFMCFO)
575 Market Street, Suite 400
San Francisco, CA 94105-2823

All telephone numbers remain the same. *Treatment Authorization Requests* (TARs) formerly sent to 185 Berry Street, Suite 290, should be sent to the new address.

This information is reflected on manual replacement page tar field 9 *(Part 2).*

Part 2
Remove and replace: medi non hcp 1/2 *
                        tar dis cod 3/4 *
                        tar field 9/10